

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 63389-00015USPT First Inventor Robert B. Karnes Title NON-METALLIC DRIVE CHAIN Express Mail Label No. EL 831726130 US																																					
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria, VA 22313-1450																																					
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 25] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 1] 5. Oath or Declaration [Total Sheets 3] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Reader Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement of Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449 Copies of IDS 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Check for \$663.00 for filing fees.																																					
18. If a CONTINUING APPLICATION , check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner Art Unit: For CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																							
19. CORRESPONDENCE ADDRESS <input type="checkbox"/> Customer Number or Bar Code Label 30223 OR <input type="checkbox"/> Correspondence address below <small>(insert Customer No. or Attach bar code label here)</small>																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Name</td> <td colspan="3">Harold N. Wells</td> </tr> <tr> <td>Address</td> <td colspan="3">Jenkins & Gilchrist</td> </tr> <tr> <td></td> <td colspan="3">225 West Washington Street, Suite 2600</td> </tr> <tr> <td>City</td> <td>Chicago</td> <td>State</td> <td>IL</td> </tr> <tr> <td></td> <td></td> <td>Zip Code</td> <td>60606-3418</td> </tr> <tr> <td>Country</td> <td>USA</td> <td>Telephone</td> <td>312 425-8610</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td>312 425-3909</td> </tr> <tr> <td>Name (Print/Type)</td> <td>Harold N. Wells</td> <td>Registration No. (Attorney/Agent)</td> <td>26,044</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Harold N. Wells</i></td> <td>Date 07/29/2003</td> </tr> </table>				Name	Harold N. Wells			Address	Jenkins & Gilchrist				225 West Washington Street, Suite 2600			City	Chicago	State	IL			Zip Code	60606-3418	Country	USA	Telephone	312 425-8610			Fax	312 425-3909	Name (Print/Type)	Harold N. Wells	Registration No. (Attorney/Agent)	26,044	Signature	<i>Harold N. Wells</i>		Date 07/29/2003
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This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL

for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 663.00

Complete if Known

Application Number
Filing Date 07/29/2003
First Named Inventor Robert B. Karnes
Examiner Name
Art Unit
Attorney Docket No. 63389-00015USPT

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:

Deposit Account Number 10-0447/63389-00015USPT

Deposit Account Name Jenkens & Gilchrist

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☐ Charge any additional fees during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)				
1001 750	2001 375			Utility filing fee		375.00	
1002 330	2002 165			Design filing fee			
1003 520	2003 260			Plant filing fee			
1004 750	2004 375			Reissue filing fee			
1005 160	2005 80			Provisional filing fee			
SUBTOTAL (1) (\$)							375.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
38 - 20** = 18	x 9.00 =	162.00	
Independent Claims 8 - 3** = 5	x 42.00 =	126.00	
Multiple Dependent			

Large Entity		Small Entity		<u>Fee Description</u>
Fee	Fee	Fee	Fee	
Code (\$)		Code (\$)		
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee	Fee	Fee	Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)				
1051 130	2051 65			Surcharge - late filing fee or oath			
1052 50	2052 25			Surcharge - late provisional filing fee or cover sheet			
1053 130	1053 130			Non-English specification			
1812 2,520	1812 2,520			For filing a request for <i>ex parte</i> reexamination			
1804 920*	1804 920*			Requesting publication of SIR prior to Examiner action			
1805 1,840*	1805 1,840*			Requesting publication of SIR after Examiner action			
1251 110	2251 55			Extension for reply within first month			
1252 410	2252 205			Extension for reply within second month			
1253 930	2253 465			Extension for reply within third month			
1254 1,450	2254 725			Extension for reply within fourth month			
1255 1,970	2255 985			Extension for reply within fifth month			
1401 320	2401 160			Notice of Appeal			
1402 320	2402 160			Filing a brief in support of an appeal			
1403 280	2403 140			Request for oral hearing			
1451 1,510	2451 1,510			Petition to institute a public use proceeding			
1452 110	2452 55			Petition to revive - unavoidable			
1453 1,300	2453 650			Petition to revive - unintentional			
1501 1,300	2501 650			Utility issue fee (or reissue)			
1502 470	2502 235			Design issue fee			
1503 630	2503 315			Plant issue fee			
1460 130	1460 130			Petitions to the Commissioner			
1807 50	1807 50			Processing fee under 37 CFR 1.17(g)			
1806 180	1806 180			Submission of Information Disclosure Stmt			
8021 40	8021 40			Recording each patent assignment per property (times number of properties)			
1809 750	2809 375			Filing a submission after final rejection (37 CFR 1.129(e))			
1810 750	2810 375			For each additional invention to be examined (37 CFR 1.129(b))			
1801 750	2801 375			Request for Continued Examination (RCE)			
1802 900	1802 900			Request for expedited examination of a design application			

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0.00

SUBMITTED BY

Name (Print/Type) Harold N. Wells

Registration No. 26,044

Complete (if applicable)

Telephone (312) 425-8610

Signature

[Signature]

Date

07/29/2003

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